

\_\_\_\_\_  
Full Name of Party Filing Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address (if any)

IN THE DISTRICT COURT FOR THE \_\_\_\_\_ JUDICIAL DISTRICT  
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

IN RE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Legal names of children

Case No. \_\_\_\_\_

PARENTAL CONSENT TO NAME CHANGE  
(Minor)

1. My full legal name is \_\_\_\_\_.
2. I am the ☐ Father ☐ Mother of: \_\_\_\_\_.
3. I consent to the change of the name of the child as requested in the Petition.
4. I waive my right to be present at a hearing on this matter and request that the Petition be granted.

**CERTIFICATION UNDER PENALTY OF PERJURY**

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Typed/printed name

\_\_\_\_\_  
Signature